



Bib Data Sheet


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SERIAL NUMBER 09/470,554	FILING DATE 12/22/1999 RULE -	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. GEMS:0066/15
APPLICANTS DANIEL I. KERPELMAN, WHITEFISH BAY, WI ; RICHARD L. FROWEIN, WAUKESHA, WI ; HUBERT ANTHONY ZETTEL, WAUKESHA, WI ; JAMES F. KOHLI, WAUKESHA, WI ; JOHN HEINEN, WAUWATOSA, WI ;				
** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 02/02/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 32
				INDEPENDENT CLAIMS 3
ADDRESS PATRICK S YODER 7915 FM 1960 WEST SUITE 330 HOUSTON ,TX 77070				
TITLE INTEGRATED INTERACTIVE SERVICE TO A PLURALITY OF MEDICAL DIAGNOSTIC SYSTEMS				
FILING FEE RECEIVED 1106	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6296

SERIAL NUMBER 09/470,554	FILING DATE 12/22/1999 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. GEMS:0066/15
APPLICANTS DANIEL I. KERPELMAN, WHITEFISH BAY, WI; RICHARD L. FROWEIN, WAUKESHA, WI; HUBERT ANTHONY ZETTEL, WAUKESHA, WI; JAMES F. KOHLI, WAUKESHA, WI; JOHN HEINEN, WAUWATOSA, WI;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/02/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY WI	SHEETS DRAWING 7	TOTAL CLAIMS 32
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